



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 7469

SERIAL NUMBER 10/075,049	FILING OR 371(c) DATE 02/12/2002 RULE	CLASS 382	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. BLD919990039US1														
APPLICANTS Timothy James Trenary, Bethoud, CO; Joan La Verne Mitchell, Longmont, CO;																		
** CONTINUING DATA ***** <i>NONP</i> <i>w7 12-11-06</i> ** FOREIGN APPLICATIONS ***** <i>NONP</i> <i>w7 12-11-06</i>																		
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/07/2002																		
<table border="1"> <tr> <td>Foreign Priority claimed</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after</td> </tr> <tr> <td>Verified and Acknowledged</td> <td><i>3/6/02</i> <i>w7</i> Examiner's Signature Initials</td> </tr> <tr> <td>STATE OR COUNTRY</td> <td>CO</td> </tr> <tr> <td>SHEETS DRAWING</td> <td>7</td> </tr> <tr> <td>TOTAL CLAIMS</td> <td>47</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td>3</td> </tr> </table>					Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	Verified and Acknowledged	<i>3/6/02</i> <i>w7</i> Examiner's Signature Initials	STATE OR COUNTRY	CO	SHEETS DRAWING	7	TOTAL CLAIMS	47	INDEPENDENT CLAIMS	3
Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																	
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after																	
Verified and Acknowledged	<i>3/6/02</i> <i>w7</i> Examiner's Signature Initials																	
STATE OR COUNTRY	CO																	
SHEETS DRAWING	7																	
TOTAL CLAIMS	47																	
INDEPENDENT CLAIMS	3																	
ADDRESS 33595																		
TITLE METHOD, SYSTEM, AND PROGRAM FOR FRACTIONALLY SHIFTING DATA SUBJECT TO A PREVIOUS TRANSFORMATION																		
FILING FEE RECEIVED 1526	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit																